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APR 1 2 2010

MAINEETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Maine Ethics Commission</u> by **5:00 p.m. on April 16, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

| EMPLOYEE INFORMATION | | | | | | | |
|--|--|--|--|---|--|--|--|
| Name DAVID ETNIKR | | Titl | DEPUTY CO | MM4551WER 24-6653 | | | |
| Department/Agency/Bureau/Division | £ | | ork Phone | | | | |
| DEPARTMENT OF MI | MUNE 1 | RESURVES | 6 | 24-6653 | | | |
| Mailing Address, City, ZIP | | | | | | | |
| ZI STANK MU | SE 571 | may in | GUSTA | | | | |
| PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER | | | | | | | |
| List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer. | | | | | | | |
| □ None | | | | | | | |
| Name of Employer | | Address | | Type of Economic Activity of Employer | | | |
| STATIK OF WATINE DMR | 7 | K MUSESTV) | TTICAL FI MANGES | 15HLQ1ES VESS | | | |
| PART 2. INCOME DER | RIVED FROM SE | LF-EMPLOYMENT O | R LAW PRACTIC | | | | |
| A. List the name and address of your business or derived income. If associated with a partnership, factivity or practice of that entity. | r law firm, if any, an firm, professional a | d list the major areas o ssociation, or similar bu | f economic activity of siness entity, list the | or practice from which you e major areas of economic | | | |
| None | anni anni anni anni anni ana anni ana anni an | ale cummunt antiqueles () elimite a eministrations are article of property () and a executivity () and | and the second of the second | ermografisetetetititiskiskistitiskigamitmärnär visi varantus virmäretetetetetetetetetetetetetetetetetetet | | | |
| Name and Address of Business Entity or Law | Firm Majo | or Areas of Economic Ac Practice (self) | ctivity/ | eas of Economic Activity/ Practice ip, association, firm or similar business entity) | | | |
| Name: | | | | | | | |
| Address: | 1 | | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |

| PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT | | | | | | |
|---|--|--|--|--|--|--|
| B. List each source of income derived from self-employment or practice that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived. | | | | | | |
| Name and Address of Source | Principal Type of Economic Activity of Entity or Person Who is the Source of the Income | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| PART 3. OTHER SOURCES OF INCOME | | | | | | |
| List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts box. | or honoraria. If none, check the | | | | | |
| | \$\$\;\tag{\text{1.00}}\text{1.00}\ | | | | | |
| Name and Address of Source | Kind of Income (investments, leases, etc.) | | | | | |
| Name: ZZ DEEVING St. LLC | rented income | | | | | |
| Name: ZZ DCEVING St. LLZ Address: Portano, ME 04/0 | | | | | | |
| Name: WEUS FARGO | INVESTMENTS | | | | | |
| Address: PORPUAND MK CY/CI | | | | | | |
| Name: | gg peg shigh kumaning it jamin i gayangan giantan padi peg jumah ji rumang pang dijumip it orat temmingah di pegant ang itang belang pengang p | | | | | |
| Address: | | | | | | |
| PART 4. REPORTABLE LIABILITIES | | | | | | |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, lo made as campaign contributions, or business loans from regulated financial institutions. If none, check | oans from a relative, loans that were | | | | | |
| None | Shakalilik 1966 [1] (1. 12 mishin kelele (11 10 mishin 11 10 10 mishin 11 10 10 10 10 10 10 10 10 10 10 10 10 | | | | | |
| Name and Address of Creditor | Principal Type of Economic Activity of Creditor | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| Name: | e <mark>ntre en en</mark> | | | | | |
| Address: | | | | | | |
| PART 5. REPORTABLE GIFTS | | | | | | |
| List the specific source of gifts received during the reporting period with an aggregate value of more that | an \$300. If none, check the box. | | | | | |
| None | | | | | | |
| Name of Source of Gift Name of | Source of Gift | | | | | |
| 1. | | | | | | |
| 2. 4. | | | | | | |

| PAPT 6 E | REPORTABLE HONORARIA | |
|--|--|--|
| List the source of any honoraria accepted for appearances of | | city or duties. If none check the box. |
| None | OI SPECIALIS INICIONAL INICIONALI INICIONA | My of duties. If hone, officer the ser. |
| Name of Source of Honoraria | Name of | Source of Honoraria |
| 1. | 3. | 1000000000000000000000000000000000000 |
| · · · | . . | |
| 2. | 4, | 1984/1984/Productive (1984/1986) (1984/1986) (1984/1984) (|
| | | |
| PART 7. REPRESEN | NTATION BEFORE STATE AGENC | IES |
| List each executive branch agency before which you compensation of any amount other than your official salar none, check the box. | or a member of your immediate family not a family more | ly represented or assisted others for ember appeared before the agency. If |
| None | 18 Salamah and 18 May 19 May 1 | nded de de manuelle antenne per se seu seu se per per per per per per per per per pe |
| Name of Agency | Na | |
| 1, | 3. | |
| | | |
| 2. | 4. | |
| | | |
| PART 8. BUSI | NESS WITH STATE AGENCIES | |
| List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or | iber of your immediate family sold good | s or services with a value in excess of |
| None | d family member our the goods of co | Ces. If none, uneutral und. |
| Name of Agency | Page | me of Agency |
| 1. | 3. | Pic of Agono, |
| * | . | |
| 2. | 4. | |
| | a me. | |
| DARTO MICOME RECEIV | | |
| | ED BY MEMBERS OF IMMEDIATE | |
| List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only not include gifts. | nd of income represented. If your spous | se or domestic partner received \$1,000 |
| Name of Spouse or Domestic Partner and Job Title | Type of Economic Activity Representing Source of Income Received | ·Kind of Income |
| Name: Mayellen Sullivan Job Title: Attorney | 1. Cuyer | 1. Employment |
| Job Title: Attorney | 3. | 3. |
| Dependent Child(ren) - Job Titles Only | | |
| Job Title: | | |
| Job Title: | ann haif de mainte e mar et grant eg par eg de de grant eg par eg pa The second en | |
| Job Title: | | |

| PART 10. OF | FICER OR DIRECTO | R POSITIONS | | |
|--|--|--|--|--|
| List any for-profit or nonprofit corporation, firm, association held any office, trusteeship, directorship, or position of any tion was compensated. If a family member listed, indicate | y nature. Indicate wheth | er you or a family hel | d the position and wh | liate family ether the posi- |
| None | | | | |
| Organization/Business and Address | Title | Position Held By: | Family Member's Name | Compen- sated? |
| | rene Applicant dag een | 77.77 | Si semini di Gandronami | |
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| | પ્રાથમિક કર્યા હતા. | | er inner gift and inner strain, gift and inner strain, gift and inner strain, gift and inner strain in gift and inner str | |
| | N. C. Park | | | |
| | SIGNATURE | | | |
| Signature Subscribed and sworn (affirmed) to before me this Signature of Notary Public/Attorney-at-law My commission expires (Seal is optional) (Date) | 8 day of G | DON Notary | 8/2010 Date 20_/_ INA M. HALL Public • Maine Expires January 18, 2 | 2016 |
| ADD Please provide any additional information below (an | DITIONAL INFORMAT | | te the part or section | on number for |
| the information you are providing. Use additional pa | | in needed). Indica | - | |
| Part/Section Number | · · | | | |
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